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L	SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OPERATOR  PRORATION OFFICE		CONSERVATION COMMISS FOR ALLOWABLE AND ANSPORT OIL AND NA		Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65		
••	Western Oil and Minerals Corp.						
	P 0 Box 191 Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box	)	Other (Please ex				
	Recompletion	Change in Transporter of:  Oii Dry G	as				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name and address of previous owner	John A. Egan Box	208 Farming	ton, New	Mexico 87401		
II.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F		nd of Lease <b>F</b> (	d Lease No.		
	Hammond Location	5 So Blanco Pi	ctured Cliff Sto	ite, Federal or Fe	NM03603A		
	1 -	) Feet From The North Lin	ne and 1650	Feet From The	East		
				San Juan	County		
TTT					County		
111.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil						
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to w	hich approved cop	y of this form is to be sent		
	El Paso Natural Gas			Paso, Te	xas		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When ]	.959		
	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,	give commingling order nu	mber:			
14.	Designate Type of Completic	Oil Well Gas Well	New Well Workover I	Deepen Plug	Back   Same Resty.   Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.7	7.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubis	g Depth		
		. Take of producing to an arion	lop on, das ray				
	Perforations			Depth	Casing Shoe		
	HOLE SIZE	TUBING, CASING, AND	CEMENTING RECORD		SACKS CEMENT		
	NOCE SIZE	CASING & TOBING SIZE	DEFINGE		SACKS CEMENT		
,							
_							
<b>V</b> .	TEST DATA AND REQUEST FO	able for this de	pth or be for full 24 hours)	of load oil and mus	t be equal to or exceed top allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow.	tc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Chok	1		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	3 1969	MCF		
			Missi	CON. COM	<b>/</b>		
1	GAS WELL	L 1 ( T					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCP	Gravi	y of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	) Choke	Size		
VI.	CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation		OIL CON	SERVATION	COMMISSION		
			APPROVED		MAR 3, 191969		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arnold					
	-		TITLE SUPERVISOR DIST. #\$				
	Original signed by Jack A. Cole		This form is to be filed in compliance with RULE 1104.				
(Signature) President (Title) February 21, 1969 (Date)			If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply				

